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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For (Other T	han An Au	ıthorized	l Commi	ttee		Office Us	se Only	
NAME OF COMMITTEE (in 1)		E OR PR	INT ▼		mple: If ty r the lines.		12FE4	·M5		
WellCare Healt	h Plans, In	c. PAC	(WellCa	re PAC))					
ADDRESS (number and		35 Hende	erson Road							
Check if diffe than previous reported. (AC	ly T	ampa					FL	33634		
2. FEC IDENTIFICA	ATION NUMBI	ER ▼		ITY 🛦			STATE 		ZIP COD	DE ▲
C C00390575			3.	IS THIS REPORT	x	NEW (N) OR		AMENDED (A)		
4. TYPE OF REP (Choose One) (a) Quarterly Rep		D) Monthl Report Due O	n: M	eb 20 (M2) ar 20 (M3) or 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Sep 20 (M8) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly October	Report (Q1) Report (Q2) 15 Report (Q3)	Р	2-Day RE -Election leport for the:	×	Primary (1	2P)	Gene	ral (12G)	ī	Runoff (12R)
July 31 N	Report (YE)	(d) 3	Elec 0-Day	tion on	03	20	2018		in the State of	f IL
Year Only	/) (MY)		OST-Election leport for the:		General (3	0G)	Runo	ff (30R)		Special (30S)
Terminati (TER)	on Report		Elec	tion on	M = M	/ D D /	Y I Y I Y	Y	in the State of	
5. Covering Period	01	01	2018	Y	through	02	28	201	18	
I certify that I have ex Type or Print Name of	Já	eport and ankovic, G		of my kno	wledge and	d belief it is tru	ie, correct	and complet	ie.	
Signature of Treasurer	Jankovic, C	Goran, , ,			[Electronico	ully Filed]	oate 0	3 / D	D /	2018
NOTE: Submission of fa	ılse, erroneous,	or incom	plete informat	ion may sı	ıbject the p	erson signing th	nis Report t	o the penaltie	es of 52	U.S.C. § 30109
Office Use									FOR lev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)
Page 2

Write or Type Committee Name

WellCare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: 01 01 2018 To: 02 28 2018

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		281578.51
	(b) Cash on Hand at Beginning of Reporting Period	281578.51	
	(c) Total Receipts (from Line 19)	50383.00	50383.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	331961.51	331961.51
7.	Total Disbursements (from Line 31)	95400.00	95400.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	236561.51	236561.51
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Report Covering the Period: From:	01 / 2018 To	o: 02 28 / Y 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	12507.25	12507.25
(ii) Unitemized	37875.75	37875.75
(iii) TOTAL (add		50202.00
Lines 11(a)(i) and (ii)	50383.00	50383.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	50383.00	50383.00
Totals to Line 33, page 5)▶	50565.00	30303.00
. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures	,	,
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	,	,
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
=		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	50383.00	50383.00
12, 10, 14, 10, 10, 17, and 10(0))	00303.00	55555.00
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	50383.00	50383.00
(Cashaot Line 10(0) Hom Line 13)	13555.55	00000.00

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calchaal Tour to Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	7 7	7 7 7
Expenditures	0.00	0.00
(c) Total Operating Expenditures	4 4	7 7 7
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party	200	2.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	82500.00	82500.00
Independent Expenditures	4 4 4	4 4
(use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	7 7 7	
(use Schedule F)	0.00	0.00
	4	
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		7 7
(add Lines 28(a), (b), and (c))	0.00	0.00
	45 45 45	4 4
Other Disbursements (Including		
Non-Federal Donations)	12900.00	12900.00
Federal Election Activity (52 U.S.C. § 30101(2	201)	
(a) Allocated Federal Election Activity	20))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
· ·	7	
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid		
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	95400.00	95400.00
Total Federal Disbursements	7 7 7	7 7 7 7
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	05400.00	
	95400.00	95400.00

34. Total Contribution Refunds

38. Net Operating Expenditures

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 50383.00 50383.00 (from Line 11(d), page 3) 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 50383.00 50383.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 0.00 0.00 (subtract Line 37 from Line 36)

Use separate schedule(s)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Asher, Andrew L, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.4854 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Asher, Andrew L, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5236 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 576.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Asher, Andrew L, , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5668 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burdick, Kenneth A, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 09 City Zip Code State Transaction ID: SA11AI.5235 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burdick, Kenneth A, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5667 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 769.20 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Burke, John J, , , Date of Receipt Mailing Address 8735 Henderson Road 09 2018 City State Zip Code Transaction ID: SA11AI.5249 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 480.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burke, John J,,, Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5681 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Cummings, Scott, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5268 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288.45 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Cummings, Scott, , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5701 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Davies, William W, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5706 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Davis, Stephanie, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5280 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Davis, Stephanie, , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5713 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.00 Other (specify) 288.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ghanayem, Darren W., , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.4859 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ghanayem, Darren W., , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5241 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ghanayem, Darren W., , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5673 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gianquinto Jr., Louis, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5247 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gianquinto Jr., Louis, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5679 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Haber, Michael, , , Date of Receipt Mailing Address 8735 Henderson Road 09 2018 City State Zip Code Transaction ID: SA11AI.5270 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

50 FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Haber, Michael, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5703 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hallam, Cynthia, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5281 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hallam, Cynthia, , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5714 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 246.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

50 FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hansen, Craig M., , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5255 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hansen, Craig M., , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5687 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hausenfluck, Merrill J, , , Date of Receipt Mailing Address 8735 Henderson Road 09 2018 City State Zip Code Transaction ID: SA11AI.5282 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 267.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hausenfluck, Merrill J,,,, Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5715 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hungiville, Laura, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5266 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288.45 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hungiville, Laura, , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5698 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 267.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jazmines, Hermilo O, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5276 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Jazmines, Hermilo O, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5709 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jones, William A, , , Date of Receipt Mailing Address 8735 Henderson Road 09 2018 City State Zip Code Transaction ID: SA11AI.5260 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jones, William A,,, Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5692 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kensicki, Paul, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5252 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288.45 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kensicki, Paul, , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5684 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Leenay, Mark, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.4857 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Leenay, Mark, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5239 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 576.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Leenay, Mark, , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5671 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

50 FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lera, Fernando J.,,, Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5248 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Lera, Fernando J., , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5680 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Louviere, Penny, , , Date of Receipt Mailing Address 8735 Henderson Road 09 2018 City State Zip Code Transaction ID: SA11AI.5269 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

50 FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Louviere, Penny, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5702 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Lyons-Taylor, Pam A, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5275 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288.45 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lyons-Taylor, Pam A, , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5708 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Matyas, Carole A,,, Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5250 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Matyas, Carole A, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5682 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mcgrath, Frederic Joseph, , , Date of Receipt Mailing Address 8735 Henderson Road 09 2018 City State Zip Code Transaction ID: SA11AI.5262 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mcgrath, Frederic Joseph,,, Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5694 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Meyer, Michael Troy, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5256 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Meyer, Michael Troy, , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5688 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Middleton, Kevin Joel, , , Date of Receipt Mailing Address 8735 Henderson Road 09 2018 City Zip Code State Transaction ID: SA11AI.5261 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Middleton, Kevin Joel, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5693 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mims, Rhonda Renee, , , Date of Receipt Mailing Address 8735 Henderson Road 26 2018 City State Zip Code Transaction ID: SA11AI.4856 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 384.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mims, Rhonda Renee, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5238 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Mims, Rhonda Renee, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5670 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 769.20 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Munson, Kelly A, , , Date of Receipt Mailing Address 8735 Henderson Road 09 2018 City State Zip Code Transaction ID: SA11AI.5277 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 480.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Munson, Kelly A,,, Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5710 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nelson, Sonya K, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5263 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288.45 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Nelson, Sonya K, , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5695 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nisbet, Sharon, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5244 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nisbet, Sharon, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5676 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Parrillo, Christopher T, , , Date of Receipt Mailing Address 8735 Henderson Road 09 2018 City State Zip Code Transaction ID: SA11AI.5243 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Poland, Patrick, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5253 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Poland, Patrick, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5685 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Polen, Michael R, , , Date of Receipt Mailing Address 8735 Henderson Road 26 2018 City State Zip Code Transaction ID: SA11AI.4858 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 384.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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fo D Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Purvis, Marla P, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5699 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Radu, Michael, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.4855 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Radu, Michael, , , Date of Receipt Mailing Address 8735 Henderson Road 09 2018 City State Zip Code Transaction ID: SA11AI.5237 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 480.75 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Radu, Michael, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5669 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Ray-Alexander, Joiel Yvette, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5254 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288.45 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ray-Alexander, Joiel Yvette, , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5686 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify)

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Richmond, Karen, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5264 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Richmond, Karen, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5696 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rubel, Lauralie M, , , Date of Receipt Mailing Address 8735 Henderson Road 09 2018 City State Zip Code Transaction ID: SA11AI.5274 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for De Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Simms, Sultan Jabari, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5697 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sivik, Scott Joseph, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5259 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sivik, Scott Joseph, , , Date of Receipt Mailing Address 8735 Henderson Road 23 2018 City State Zip Code Transaction ID: SA11AI.5691 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Xiong, Yan, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City Zip Code State Transaction ID: SA11AI.5705 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yount, Michael Carl, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.5234 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Yount, Michael Carl, , , Date of Receipt Mailing Address 8735 Henderson Road 09 2018 City State Zip Code Transaction ID: SA11AI.5611 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 480.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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General

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Yount, Michael Carl, , , Date of Receipt Mailing Address 8735 Henderson Road 2018 City State Zip Code Transaction ID: SA11AI.6040 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item

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		Summary Page	21b 28a	22 x 23 26 29	27 30b					
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NAME OF COMMITTEE (In Full)										
WellCare Health Plans, Inc. PAC (WellCar	re PAC)								
Full Name (Last, First, Middle Initial)				Data of Disburgament						
A. NRSC				Date of Disbursement						
Mailing Address 425 Second Street, N.E.				01 10 / 2018						
City	State	Zip Code		FEC Identification Numbe	ır					
Washington	DC	20002								
Purpose of Disbursement contribution				C C00027466						
Candidate Name			Outro 1	Transaction ID : SB2						
			Category/ Type	Amount of Each Disburse	errient this Period					
Office Sought: House Disburse	ment For:		-770		15000.00					
Senate	Primary	General		7	- 40					
President	Other (spe	ecify) 🔻		Memo Item						
State: District:										
Full Name (Last, First, Middle Initial)				Date of Dichursoment						
B. Roskam for Congress				Date of Disbursement	V V V V					
Mailing Address P. O. Box 713				02 13	2018					
-	State	Zip Code		FEC Identification Numbe	r					
Wheaton	IL	60187								
Purpose of Disbursement contribution				C C00410969						
Candidate Name			Cotomor:	Transaction ID : SB2						
Roskam, Peter, , ,			Category/ Type	Amount of Each Disbursement this Peri						
	ment For:	2018	×1, -		2500.00					
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President	Other (spe	ecify)		Memo Item						
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Full Name (Last, First, Middle Initial) C. Tuesday Group PAC				Date of Disbursement						
Mailing Address 610 S. Boulevard				01 10	2018					
City	State	Zip Code		FFO Identification No. 1						
Tampa	FL	33606		FEC Identification Numbe	ır					
Purpose of Disbursement contribution				C C00433060 Transaction ID : SB2	23 5628					
Candidate Name			Category/ Type	Amount of Each Disburse						
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President	Other (spe	ecify) 🔻		Memo Item						
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NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (V						
Full Name (Last, First, Middle Initial) Arkansas Conservative Legislative	PAC		Date of Disbursement			
Mailing Address P. O. Box 85			02 09 2018			
,	State Zip Code AR 72718		FEC Identification Number			
non-federal contribution Candidate Name		Category/	Transaction ID : SB29.5659 Amount of Each Disbursement this Period			
	Primary Genera	Type	1000.00			
State: District:	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial) B. Committee to Re-Elect Rich Wardn Mailing Address 1042 12th Avenue, W.	ner		Date of Disbursement Old 26 2018			
•	State Zip Code ND 58601		FEC Identification Number			
Purpose of Disbursement non-federal contribution	30001		C Transaction ID : SB29.5635			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
	nent For: Primary Genera Other (specify)	ıl	500.00 Memo Item			
State: District: Full Name (Last, First, Middle Initial)			Memo item			
Democrats of the Oklahoma State S	Senate PAC		Date of Disbursement			
Mailing Address 713 N.W. 17th Street			01 16 2018			
•	State Zip Code OK 73103	Ī	FEC Identification Number			
Candidate Name		Category/ Type	Transaction ID: SB29.5649 Amount of Each Disbursement this Period			
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NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (V	•			
Full Name (Last, First, Middle Initial) A. Friends of Charles Ortega				Date of Disbursement
Mailing Address 1509 N. Main PMB 292				01 16 2018
Altus	State Zip Code 73521	e 		FEC Identification Number
Purpose of Disbursement non-federal contribution Candidate Name		C	ategory/	Transaction ID : SB29.5641 Amount of Each Disbursement this Period
		neral	Type	500.00 Memo Item
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,	State Zip Code OK 74084	9		FEC Identification Number
Candidate Name		C	ategory/ Type	Transaction ID: SB29.5643 Amount of Each Disbursement this Period
		neral		1000.00 Memo Item
Full Name (Last, First, Middle Initial) Friends of Elise Hall				Date of Disbursement
Mailing Address 7616 Northgate Avenue				01 16 2018
,	State Zip Code OK 73162			FEC Identification Number C Transaction ID : SB29.5645
Candidate Name	ategory/ Type	Amount of Each Disbursement this Period		
	nent For: Primary Gen Other (specify) ▼		1000.00 Memo Item	
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or for commercial purposes, other than using the name	ne and addr	ess of any politic	al committee to	solicit contrib	utions from such committee.			
NAME OF COMMITTEE (In Full)								
WellCare Health Plans, Inc. PAC (WellCare	e PAC)						
Full Name (Last, First, Middle Initial)				Date of Dis	churcomont			
A. Friends of Jason Smalley				Date of Dis	DID / TYTYTY			
Mailing Address 524 N. 9th Avenue				01	16 2018			
,	State	Zip Code		FEC Identif	fication Number			
Stroud Purpose of Disbursement	OK	74079						
non-federal contribution				C				
Candidate Name			Category/		action ID : SB29.5647 Each Disbursement this Period			
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Full Name (Last, First, Middle Initial)								
B. Friends of Kay Floyd				Date of Dis	sbursement			
				M - M /	D D / Y Y Y Y Y			
Mailing Address 412 N.W. 21st Street		Tax or :		01	16 2018			
City Oklahoma City	State OK	Zip Code 73103		FEC Identif	fication Number			
Purpose of Disbursement	a c.i.y							
non-federal contribution				C	ction ID : SB29,5620			
Candidate Name			Category/ Type		Each Disbursement this Period			
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Senate	Primary	General						
President State: District:	Other (spec	шу)		Memo	Item			
Full Name (Last, First, Middle Initial)								
C. Friends of Kim David 2018				Date of Dis	sbursement			
A 19 A 1 1				M M /	D D / Y T Y T Y T Y			
Mailing Address 9597 N. 50th Street W.				01	16 2018			
City	State	Zip Code		FEC Identif	fication Number			
Porter	OK	74454			ilication Number			
Purpose of Disbursement non-federal contribution				C				
Candidate Name			Category/		ection ID : SB29.5624 Each Disbursement this Period			
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Office Sought: House Disburser Senate	nent For: Primary	General			2500.00			
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER (check only one)	R: PAGE 49 OF 50
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 28a 28b	23 26 27 28c x 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) WellCare Health Plans, Inc. PAC (V	,		
Full Name (Last, First, Middle Initial) A. Oklahoma State Republican Senato	orial Committee	Date	of Disbursement
Mailing Address P. O. Box 76023		01	16 2018
•	State Zip Code OK 73147		dentification Number
non-federal contribution Candidate Name	[ransaction ID : SB29.5626 nt of Each Disbursement this Period
		Type	1000.00 1emo Item
Full Name (Last, First, Middle Initial) B. Representative Andy Davis Campa Mailing Address P. O. Box 30248	aign Fund	Date 02	
City S Little Rock Purpose of Disbursement non-federal contribution	FEC	dentification Number	
Candidate Name			ransaction ID : SB29.5655 nt of Each Disbursement this Period
	nent For: Primary General Other (specify)		500.00 lemo Item
Full Name (Last, First, Middle Initial) Representative Jeff Wardlaw Camp	paign Fund	Date	of Disbursement
Mailing Address 2017 Bradley Road 33		02	
,	State Zip Code AR 71647	C	Identification Number
Candidate Name		nt of Each Disbursement this Period	
	nent For: Primary General Other (specify) ▼		500.00 lemo Item
SUBTOTAL of Disbursements This Page (optional)			2000.00
TOTAL This Period (last page this line number only).			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) A. Representative Matthew Shepherd Campaign Fund Mailing Address P. O. Box 12004 City Oklahoma City Senate President State: District: Full Name (Last, First, Middle Initial) S. Republican State House Office Sought: House District Full Name (Last, First, Middle Initial) City Oklahoma C	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedu	le(s) (check on	NUMBER: PAGE 50 OF 50
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